

**STATEWIDE GUIDELINES
FOR
HIV PREVENTION COMMUNITY PLANNING
IN ARIZONA**



**Arizona Department of Health Services
Office of HIV / AIDS
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INTRODUCTION

This document has been prepared by the Arizona Department of Health Services (ADHS) Office of HIV/AIDS in order to guide the common processes and timelines used by Arizona's three regional HIV Prevention Community Planning Groups to meet the requirements and expectations set forth by the Centers for Disease Control and Prevention (CDC). CDC funds the State Health Department to oversee HIV prevention programs and activities throughout Arizona.

The Statewide Guidelines outline basic strategies for Community Planning Groups to follow, and is meant to support, standardize, improve, and streamline the processes of Arizona's three regional Planning Groups (CPGs). All Planning Groups are expected to operate within this minimum set of expectations, and each CPG may develop or revise their by-laws as needed. ADHS encourages all CPGs to tailor their individual processes to more closely reflect each regional group's unique attributes and needs.

ADHS expects that this document will require periodic revision and updating, in order to be responsive to community planning group input, changes in CDC grant requirements, and guidance from Arizona's CDC Project Officer and the HIV Prevention Statewide Advisory Group.

ADHS Office of HIV/AIDS recognizes that HIV Prevention Community Planning Groups function within potentially conflicting mandates, particularly the charge to seek wide-ranging community input and to customize prevention approaches according to unique, region-specific characteristics and customs, while yet adhering to an ever-increasing set of specified procedures and performance targets.

The following guiding principles for community planning in Arizona reinforce the State Health Department's desire to adhere to CDC guidelines and reaffirm its strong commitment to the independence of local planning bodies:

GUIDING PRINCIPLES

Commitment to the Fundamentals of Community Planning as outlined in CDC's 2003-2008 HIV Prevention Community Planning Guidance

Recognition of Regional Planning activities as the foundation for statewide planning efforts

Affirmation of the Independence of Regional Planning Groups

Consensus Decision Making

Open Membership

COMPONENTS AND ACTIVITIES OF COMMUNITY PLANNING

The Centers for Disease Control and Prevention (CDC) *Guidance for HIV Prevention Community Planning* requires that the activities of community planning adhere to specified attributes. It is suggested the CPG create a check sheet for each activity that the CPG can use as a reference in order to maintain compliance and facilitate ADHS reporting requirements.

MEMBERSHIP:

Community Planning Group membership should reflect and represent the communities in the jurisdiction/region at increased risk for HIV infection, including those persons living with HIV disease.

Each CPG will determine and specify in writing which selection and nomination

processes work best for their region, keeping in mind that: (1) the membership must remain open and responsive to the need for Parity, Inclusion and Representation as outlined in the CDC Guidance; and (2) the composition of CPGs must satisfy the Community Planning Attributes and Indicators as specified by CDC. Active recruitment is required in order to target and encourage participation from persons representing infected and affected communities, the racial, cultural and economic diversity of the region, and a variety of professional and educational backgrounds.

CPG membership in Arizona exists as an open process. Members may join or leave at any point in the planning cycle. Any individual interested in joining the CPG will be eligible and encouraged to apply for membership. Those interested in running for community co-chair positions must reside within the region they wish to represent.

At a minimum, each member of the CPG is strongly encouraged to participate on at least one Subcommittee per 3-year planning cycle.

CPGs exist to represent communities in the Jurisdiction (Arizona) whose members are infected / affected by HIV and/or at increased risk for HIV infection. Each CPG member should strive to represent a population at risk within the overall community, not a particular agency or interest group, and be willing to ultimately place the HIV prevention needs of the region ahead of personal or organizational agendas.

Each CPG will include in their membership policies a statement defining what constitutes an excused absence from meetings, and how many absences a member is allowed before membership privileges are suspended or abolished.

CONFLICT OF INTEREST

Conflict of Interest is defined by the *American Heritage Dictionary of the English Language* as “conflict between the private interests and the public obligations of a person in an official position.”

The CDC Community Planning Guidance provides two points to consider about conflict of interest. Conflict of interest occurs when:

1. An appointed voting member of the CPG has a direct fiduciary interest (which includes ownership; employment; contractual; creditor, or consultative relationship to; or Board or staff membership) in an organization (including any such interest that existed at any time during the twelve months preceding her/his appointment), with which the CPG has a direct, financial and/or recognized relationship; and/or
2. When a member of the CPG knowingly takes action or makes a statement intended to influence the conduct of the CPG in such a way as to confer

any financial benefit on the member, family member(s), or on any organization in which s/he is an employee or has a significant interest.

Each CPG should create a written process to guide how the group will deal with the definition, disclosure, and regulation of conflicts of interest. The policy must include the following elements:

- Informal resolution of conflicts
- Formal procedures for addressing conflict of interest
- A process for seeking dispute resolution from the Statewide Advisory Group and/or State AIDS Director if other methods are not successful

PROCESS MANAGEMENT

Decision Making. Decision making within each community planning group shall be carried out by means of a consensus process, the specifics of which will be customized by each CPG. A consensus model affirms the equal right and responsibility of all CPG members to participate fully in reaching group decisions. All active members will be eligible to participate in decision making, once they have completed their regional CPG's membership requirements.

State Health Department representatives and advisory members (those who are not regular members but attend meetings to assist CPGs with particular issues) will not participate in the formal consensus process, although CPG members are free to solicit their input during the discussion period. Any member may choose not to participate in consensus, including those persons with an identified conflict of interest.

State-appointed and community-elected co-chairs are *bona fide* CPG members and must not be eliminated or restricted from participation in decision making. CPGs are encouraged to utilize non-co-chair facilitators in situations wherein it would be difficult for co-chairs to both facilitate and participate freely in discussions.

Arizona CPGs must not utilize proxy "voting" because a member's presence is required in order for them to fully participate in the give and take of the consensus process. If a member cannot be present during a consensus process, they are encouraged to discuss their views with fellow CPG members and/or to submit them in writing to the state-appointed co-chair, who will share their input with the full group.

Dispute resolution. CPGS are committed to preventing grievances through community participation, open communication and a demonstrated willingness to listen and resolve individual, organizational, and community concerns. Informal interventions should always be attempted to resolve problems that may become grievances. However, an

appropriate administrative channel should be provided by which individuals or organizations may set forth grievances and appeal decisions made after the informal procedure has been attempted. These procedures are intended to enhance timely fact finding, hearing and decision making in the event of a grievance or appeal, and to ensure fairness for the parties involved.

Removal of Members for Cause: Each CPG will develop a written process and policy for the removal of members who display inappropriate behavior. This process should, at minimum, address the following:

- Definition of actionable inappropriate behavior. For example, inappropriate behavior may include a member who is repeatedly disruptive to meetings, hinders the processes of the CPG, disrespects another member or staff member with words or actions, etc.
- A procedure specifying the process of membership revocation, including an appeals process involving the Statewide Advisory Group and ADHS HIV/AIDS Office Chief.

COMMITTEES AND ADVISORY BODIES

Statewide: ADHS staff and the state-appointed co-chairs constitute “GoPig,” the statewide community planning coordinating committee. This group meets monthly to discuss community planning activities and concerns, provide technical assistance and support to regional planning groups, and facilitate communication among regional CPGs and ADHS. State-appointed co-chairs collaborate closely with community co-chairs as to GoPig activities, and regularly report the group’s progress at full CPG meetings.

The Statewide Advisory Group is facilitated by ADHS, Office of HIV/AIDS Prevention staff. This body meets approximately three times per year and serves as a forum for the sharing of HIV Prevention issues among ADHS, all regional co-chairs, statewide and community prevention partners, and other interested parties.

Regional: Each CPG shall operate and name its own committees, and determine their appropriate membership and activity schedules. Each CPG must establish the committees detailed below and may create additional ad hoc or standing committees as necessary.

If desired, the CPG is encouraged to create a check sheet that each committee can follow in order to maintain compliance with CDC-required community planning attributes specific to their activities.

1. Membership: This committee is accountable for regularly monitoring the representation of the CPG, seeking out prospective members from populations

under-represented within the CPG, and ensuring that the membership composition reflects the regional epidemic. The committee will review new member applications and present new members to the full group. This body will also partner with ADHS to conduct new member orientation and be responsible for handling the additional training needs of new and continuing CPG members to ensure parity among all group members.

2. Epidemiology: This committee will work with ADHS staff, local epidemiology experts, and the full group CPG to analyze data and develop epidemiological reports for the region. The committee will describe the purposes and principles of HIV epidemiology to the CPG and emphasize the value of epidemiologic data in assessing the region's current epidemic. This group will also study the statewide Integrated Epidemiologic Profile and assess the need for collecting appropriate STD, Hepatitis C, teen pregnancy, and other surrogate data for the CPG to consider during the priority setting process
3. CSA/Evaluation: This committee gives detailed feedback to ADHS as to the appropriate scope, content, and implementation of the Community Services Assessment and advise the CPG as to the weighting of CSA information during the Priority Setting process. Components of the Community Services Assessment should include descriptions of the information to be collected, the needs of populations at risk for and/or living with HIV infection, the prevention activities/interventions currently and previously implemented in populations at risk, the most recent program evaluation/QA data, and other sources of information highlighting HIV prevention needs and service gaps.

This committee also studies prevention program evaluation feedback from ADHS and regional providers, and provides guidance as to appropriate ways to present evaluation data to the full CPG.

4. Priority Setting: This committee works to integrate information from the epidemiology updates, Integrated Epidemiologic Profile, and Community Services Assessment to develop a list of prioritized target populations and appropriate science-based prevention interventions for the Comprehensive HIV Prevention Plan. Broad representation on this committee is encouraged.

SETTING HIV PREVENTION PRIORITIES

Two of the Community Planning Group's most important duties are to: (1) identify and prioritize populations most at risk for HIV infection and (2) construct a list of science-based interventions and activities most likely to prevent HIV infection in those priority populations.

Priority Populations

The Centers for Disease Control and Prevention has a cooperative agreement in place with the Academy for Educational Development (AED) to provide capacity building

assistance to HIV prevention providers and planning groups throughout the country. Priority setting processes will be consistent across all three CPGs by adopting the AED model found in “Setting HIV Prevention Priorities: A Guide for Community Planning Groups.”

The AED model handles difficult issues around selection of target populations via a transparent system that allows members of the CPG to nominate priority populations. Members of the CPG develop their own criteria weighting of those criteria for evaluating the magnitude and the impact of HIV on the nominated populations. Implementation of this process allows for all nominated populations to be assessed fairly with community-developed criteria and yields priority populations with very clear documentation of the populations selection process.

In accordance with CDC requirements, all regional CPGs will identify HIV-infected persons as their highest-priority population.

Interventions

Recently, ADHS began to require that proposed HIV prevention interventions in Arizona be scientifically sound, theoretically-based, rigorously evaluated, and CDC-approved. These programs are located within the Diffusion of Effective Behavioral Interventions Project (DEBI; <http://www.effectiveinterventions.org/>); Procedural Guidance for Selected Strategies and Interventions (CDC, 2003; http://www.cdc.gov/hiv/partners/AHP/CBOPcedures_15Dec03_FinalDraft_2.pdf); and, to a more limited extent, from CDC’s Compendium of HIV Prevention Interventions with Evidence of Effectiveness. All of these documents recognize the critical importance of adaptation and tailoring of interventions to fit the needs and unique attributes of local populations, though the guides also caution that fidelity to core attributes of interventions must be maintained in order to ensure their effectiveness.

This decision is in line with CDC’s recent counsel that: “Health departments are strongly encouraged to use scientifically proven interventions, such as those in the Compendium of HIV Prevention Interventions with Evidence of Effectiveness or the Diffusion of Effective Behavioral Interventions, or to formally evaluate the outcomes of other interventions.” (found in the Health Department Interim Progress Report: January 1 – June 30, 2004 Program Announcement 04012, p. 5).

EPIDEMIOLOGIC PROFILES

In accordance with CDC’s Community Planning Guidance and Integrated Guidelines for Epidemiologic Profiles, ADHS reaffirms its commitment to providing epidemiologic data

and epidemiology technical assistance to community planning groups. The ADHS Epidemiology Section will generate a standardized set of regional epidemiologic data to each CPG on a yearly basis, and seek to provide additional customized data and assistance as requested by CPG Epidemiology committees. The Epidemiology Section will also generate the statewide Integrated Epidemiologic Profile in consultation with community stakeholders and the ADHS Prevention and Ryan White Title II programs.

Additional Materials

- Statewide Schedule of Activities and Reports
- Roles and Responsibilities of State-Appointed Co-Chairs (Draft)
- Proposed Schedule of Concurrence Activities for Fall, 2004 IPR

Statewide Schedule of Activities and Reports

	Activity	Support Information	Time Frame
CPG's and ADHS	Regional Community Planning Groups	CDC and ADHS Community Planning Guidance documents; Project Officer input	3-year Planning Cycle; meeting schedules are determined by regional CPGs
	Comprehensive Statewide HIV Prevention Plan / Progress Reports twice per year	CPG feedback and updated comprehensive regional plans	New Comprehensive Plan every 3 years Plan Updates yearly Progress reports x2/yr
	Evaluation of Community Planning	Annual Community planning Survey; meeting evaluations; CPG member input	Annual
CPGs	Regional Plans / Updates		New plan every three years; updates twice per year
	Prioritized Populations	Epi updates; other data Epi Profile; AED model	Epi Updates annually; New populations every three years
	ID Priority Interventions	Monthly Reports/ QA/ Evaluations	Every three years
	Concurrence Process	CPG input	Annual
ADHS and GoPig	GoPig Coordination/ Planning Meetings	Input from CPGs, CDC, community co-chairs	Monthly
	Statewide Advisory Group Meetings	Input from CPGs, community co-chairs	Four times per year

ADHS	CDC Grant Application	Regional plans; CPG co-chair input	Annual
	Statewide Comprehensive HIV Prevention Plan	From regional plans	Every three years with yearly update
	CDC Progress Reports	Input from CPG co-chairs; PEMS data	Twice yearly
	Epi Updates	ADHS Epi committees	Annual
	Integrated Epidemiologic Profile	ADHS Epi committees	Every three years
	Community Services Assessments	CSA committee Community input; program data, etc.	Every three years

Roles and Responsibilities of the State-Appointed HIV Prevention Community Planning Group Co-Chairs

(Draft Document; prepared 8/2004)

Overall:

- Work under the direction of the ADHS HIV/AIDS Office Prevention section.
- Responsible for guiding the planning group to accomplish the goals and objectives of HIV Prevention Community Planning.
- Maintain familiarity with Community Planning Guidance materials and updates produced by CDC and ADHS.

Expected roles.

Local Planning Group:

- Prepare agenda, mailings, and other materials for CPG members.
- Serve as coordinator / facilitator of CPG meetings and other activities.
- Share responsibilities with and provide support to other co-chairs.
- Maintain frequent communication with other co-chairs, keep them informed as to issues of concern, and solicit their input.
- Promote community participation from diverse groups.
- Ensure that the CPG functions under its set roles and responsibilities.
- Provide guidance and support to CPG members.
- Manage conflicts that may arise among members of the CPG.
- Participate in briefings before and after each CPG meeting.
- Ensure that CPG members are promptly oriented regarding their role in the planning group.
- Attend the annual national HPLS meeting.
- Participate in periodic conference calls or other meetings as needed.
- Work with CPG committees.

Specific responsibilities to state health department:

- Serve as liaison between ADHS, the local CPG, and community co-chairs.
- Determine how to share responsibilities with community-elected co-chairs.
- Maintain frequent communication with ADHS, providing input and sharing concerns.
- Attend monthly GoPig meetings at ADHS.
- Attend quarterly Statewide Advisory Group meetings and coordinate regional update information presented therein.

- Prepare the regional prevention plan, updates, membership grid, and other materials for submission to ADHS in order to fulfill contractual obligations.
- Coordinate preparation and/or submission of monthly contractor expenditure reports (CERs) to ADHS.
- Conduct community planning survey and evaluation.
- Submit requests to ADHS for technical and other assistance.

Major responsibilities.

- Assist the local CPG in meeting the attributes and performance indicators outlined in the CDC Guidance.
- Represent the sentiments of CPG members when preparing a letter of concurrence or non-concurrence to accompany the health department's application for federal HIV prevention funding.
- Advocate for regional CPG concerns.
- Advocate for Statewide priorities and in the best interests of prevention.

Proposed Schedule of Concurrence Activities

for

ADHS 2005 CDC HIV Prevention Application Process

Aug 16-Sept 13: ADHS writes application

Sept 14: Application available for review by CPGs

Sept 20: Comments/Concerns due to ADHS

Sept 21-27: ADHS addresses community concerns

Sept. 28: Statewide concurrence meeting
10 a.m., ADHS building (150 N. 18th Avenue, Phoenix)

Sept. 30: Concurrence letters due

Oct. 1: ADHS mails application to CDC to arrive in Atlanta
by 10/4 due date